

Community Clergy Training to Support Rural Veterans' Mental Health

This model of care shows promise to increase rural Veterans' access to care and services, and is recommended for replication at other facilities.

Medical Issue

For some Veterans, military service may lead to one or more mental health issues. Significant events such as reintegration back to civilian life may cause additional distress. Veterans may feel caught between military and civilian cultures, and alienated from family and friends. The transition to civilian life may cause stress, anxiety or depression, which can create or intensify underlying mental health concerns such as post-traumatic stress disorder (PTSD). Struggles returning to "normal" combined with a mental health condition and issues such as moral injury, military sexual trauma, or substance abuse can lead to a behavioral health crisis. While rural life provides many benefits, rural Veterans have a higher risk of suicide than their urban counterpartsⁱ.

Access Challenge

Rural communities tend to have fewer mental health providers. More than 85 percent of rural residents live in a mental health professional shortage areaⁱⁱ.

Solution

Most rural communities have clergy-led faith groups, and research shows that one-in-four individuals who seek help for mental health problems do so from clergyⁱⁱⁱ. However, clergy are often unfamiliar with:

- ☑ Reintegration and transition challenges
- ☑ Post-service mental health-related issues
- ☑ Military culture and mental health stigma
- ☑ Differences between PTSD and traumatic brain injury
- ☑ How to build community partnerships to support Veterans and their families

To increase rural clergy's ability to identify and support rural Veterans with mental health issues, the U.S. Department of Veterans Affairs (VA) Office of Rural Health (ORH) and VA's Chaplain Center developed a unique virtual clergy training model. The clergy training program operates with a focus on:

- ☑ Suicide prevention
- ☑ Moral injury
- ☑ Mental health services and referrals
- ☑ Building community partnerships

Participants are also encouraged to reach out to VA medical center chaplains for specialized training and collaboration opportunities.

Since 2010, more than 4,000 clergy, chaplains, behavioral health professionals and others who support rural Veterans were trained. According to fiscal year 2015 data, 96 percent of those trained reported an increased understanding of potential assistance needs among those returning from war. As a result of the strides in building trust within the Veterans Health Administration (VHA), over 90 percent of participants say they are likely to refer a Veteran in their community.

ⁱ Centers for Disease Control and Prevention; 2015
QuickStats: Age-Adjusted Rates for Suicide by Urbanization of County of Residence—United States, 2004 and 2013

ⁱⁱ Smalley et al. (2010), Rural mental health and psychological treatment: a review for practitioners. *J. Clin. Psychol.*, 66: 479-489

ⁱⁱⁱ Wang, P. S., Berglund, P. A., & Kessler, R. C. (2003), Patterns and correlates of contacting clergy for mental disorders in the United States, *Health Services Research*, 38(2), 647-673

Office of Rural Health

The Office of Rural Health (ORH) works to see that America's Veterans thrive in rural communities. To support the health and well-being of rural Veterans, ORH and its Veterans Rural Health Resource Centers establish and disseminate initiatives that increase access to care for the 2.7 million rural Veterans enrolled in the U.S. Department of Veterans Affairs' health care system. Key focus areas include programs that address workforce shortages, transportation, primary care, mental health, telehealth and specialty care. To learn more, visit www.ruralhealth.va.gov.